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APPLICANTS

Raymond J.H. Westheim, Nijmegen, NETHERLANDS;

\*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/413,765 09/27/2002  
 and claims benefit of 60/470,223 05/14/2003

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NETHERLANDS	SHEETS DRAWING 8	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 7
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35 USC 119 (a-d) conditions met  
☒ yes ☒ no ☐ Met after  
 Verified and Acknowledged  
 Examiner's Signature: *[Signature]* Initials: *[Initials]*

ADDRESS  
 38427  
 MARK R. BUSCHER  
 P.O. BOX 161  
 CATHARPIN, VA  
 20143

TITLE  
 Bicalutamide forms

FILING FEE  RECEIVED 1248	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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